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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit.

|                  |         |                                    |              |   |                     |
|------------------|---------|------------------------------------|--------------|---|---------------------|
| Date of Deposit: | 7/17/06 | Name of Person Making the Deposit: | Mina Oliveri | Signature of the Person Making the Deposit: | <i>Mina Oliveri</i> |
|------------------|---------|------------------------------------|--------------|---|---------------------|

In re Application of: Burnell G. West and Rodolfo F. Garcia

Application No.: 10/825,409

Examiner: Kerveros, J.

Filed: 04/14/04

Art Unit: 2138

Confirmation No.: 8168

For: DIAGNOSTIC PROCESS FOR AUTOMATED TEST EQUIPMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application

☒ Transmitted herewith is a response to an office action for the above identified patent application.  
( 13 sheets)  
☒ Transmitted herewith are 17 sheets of substitute formal drawings.  
Other: \_\_\_\_\_

2. Applicant is other than a small entity

**Extension of Term**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| <u>Extension</u>                      | <u>Fee</u>           |
|---------------------------------------|----------------------|
| <input type="checkbox"/> one month    | \$120.00             |
| <input type="checkbox"/> two months   | \$450.00             |
| <input type="checkbox"/> three months | \$1,020.00           |
| <input type="checkbox"/> four months  | \$1,590.00           |
| <input type="checkbox"/> five months  | \$2,160.00           |
|                                       | <b><u>Fee \$</u></b> |

If an additional extension of time is required, please consider this a petition therefor.

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**Fee Calculation**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| <b>(for other than a small entity)</b>                                    |                                  |  |                      |            |               |
|---|----------------------------------|--|----------------------|------------|---------------|
| Fee Items   | Claims Remaining After Amendment | Highest Number of Claims Previously Paid For | Present Extra Claims | Fee Rate   | Total         |
| Total Claims  | 23                               | - 23 =                                       | 0                    | x \$50.00  | \$0.00        |
| Independent Claims  | 3                                | - 3 =  | 0                    | x \$200.00 | \$0.00        |
| Multiple Dependent Claim Fee (one or more, first added by this amendment) |                                  |  |                      | \$360.00   | \$0.00        |
| <b>Total Fees</b>   |                                  |  |                      |            | <b>\$0.00</b> |

**PAYMENT OF FEES**

5. The full fee due in connection with this communication is provided as follows:
- ☒ [ X ] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.  
A duplicate copy of this authorization is enclosed.
- ☐ [ ] A check in the amount of \$
- ☐ [ ] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

**WAGNER, MURABITO & HAO LLP**  
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(408) 938-9060  
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Respectfully submitted,

Date: 7/17/06

By: William A. Zarbis  
William A. Zarbis  
Reg. No. 46,120



CRDC-P0405)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

WEST et al.

Serial Number: 10/825,409

Filing Date: April 14, 2004

For: DIAGNOSTIC PROCESS FOR  
AUTOMATED TEST EQUIPMENT

Examiner: KERVEROS, J.

Art Unit: 2138

Conf. No.: 8168

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

In response to the Office Action mailed on April 17, 2006, the Applicants respectfully request further examination and reconsideration of the above captioned patent application in view of the amendments and arguments set forth below.

Serial No.: 10/825,409  
CRDC-P0405/ACM/WAZ

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Examiner: Kerveros, J.  
Art Unit: 2138

## AMENDMENTS TO THE FIGURES

New corrected drawings in compliance with 37 CFR § 1.121(d) are enclosed. These drawings are each identified as a "Replacement Sheet."